

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

08/05/2003 HMARZ11 00000041 020393 10632644

01 FC:2004 375.00 DA
02 FC:2205 180.00 DA

10/10/2003 TLUU11 00000003 020393 10632644

01 FC:2204 42.00 DA

PTO-1556
(5/87)

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REISSUE PATENT APPLICATION TRANSMITTAL

10/632644

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	56104576414703
	First Named Inventor	Andrew Mark Gilbert
	Original Patent Number	6,402,913
	Original Patent Issue Date (Month/Day/Year)	06/11/2002
	Express Mail Label No.	EJ622915758US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent




Design Patent

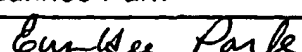


Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribboned Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input type="checkbox"/> Power of Attorney	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: _____
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CRF)	
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	
ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or <input type="checkbox"/> Correspondence address below
Name Eunhee Park, Esq.		
Address Baker & McKenzie 805 Third Avenue		
City New York	State NY	Zip Code 10022
Country United States	Telephone (212) 751-5700	Fax 10022

NAME (Print/Type)	Eunhee Park	Registration No. (Attorney/Agent)	42,976
Signature		Date	08/01/2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
56104576-111

Claims as Filed - Part 1

Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
			Rate	Fee	Rate	Fee	
(A) 20	(B) 40	**** 20 =	x \$ ⁹ =	180.00	or	x \$ =	
(C) 1	(D) 2	* =	x \$ ⁴² =	0.00		x \$ =	
Total Claims (37 CFR 1.16(j))				Basic Fee (37 CFR 1.16(h))		\$ 375.00	
Independent claims (37 CFR 1.16(i))				Total Filing Fee		\$ 555.00	
				OR		\$	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 40	MINUS ** 20	* 20	x \$ ⁹ =	180.00	or	x \$ =
Independent Claims (37 CFR 1.16(i))	*** 1	MINUS **** 1	0	x \$ =			x \$ =
Total Additional Fee				\$ 180.00		OR \$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account No. 02-0393 in the amount of 555.00.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-0393.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

08/01/2003

Date

Eunhee Park
Signature of Applicant, Attorney or Agent of Record
Eunhee Park, Esq. (Reg. No. 42,976)

Typed or printed name